

North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: Positive Youth Development Study, sponsored by 4-H

Principal Investigator: Benjamin Silliman, Ph.D., Department of 4-H Youth Development & Family and Consumer Sciences

In collaboration with: Richard M. Lerner, Ph.D. Principal Investigator for the 4-H National study of Positive Youth Development, & Jacqueline V. Lerner, Ph.D., Scientific Director, Eliot-Pearson Department of Child Development, Tufts University

PURPOSE OF STUDY

You are invited to participate in a study of the positive development of children in America. Our goal is to learn more about the kind of experiences that help children develop into healthy, productive adults.

DATA TO BE COLLECTED

If he/she agrees to participate in this study, you/your child will be asked to complete a survey that takes approximately 90 minutes. Administration of the survey will be done one time per year, for the duration of the study, and will be done at your child's school, after school program, or youth organization. Questions on the survey will ask children to tell us about their relationship with their family, friends, and activities in which they are involved at school and after school. Children will also be asked about their physical development, feelings about themselves, and future goals and expectations. Some of the questions deal with personal topics such as questions about health and sexual behaviors, smoking and drug use.

RISKS

Some of the survey questions may make you or your child uncomfortable. Although we would like you and your child to answer all the questions, you and your child are free to skip any question that either of you do not wish to answer. Another risk is from accidental breach of confidentiality. In order to prevent this, we are taking steps to protect your confidentiality by using a code number to link your identity and your responses, so that your names are not directly associated with your responses.

BENEFITS

Responses provided by you and your child will help us learn more about the experiences that promote children's positive development. This kind of information is needed to create effective programs for children and national and local policies that are beneficial to children and families. Additional and immediate benefits include 1) You and your child may find it interesting or helpful to express your experiences and opinions; 2) After completing the survey, your child will be entered into a raffle to win a prize; 3) Findings from this study, which **will not include** individual details about your child, will be made available to you and your child's school or program.

CONFIDENTIALITY

Your and your child's identity and information will be kept confidential, except as required by law. No names will be placed on surveys and completed surveys will be kept separate from records of participation. Completed surveys will be kept at Tufts University separate from records of participation. Only members of the research team will have access to the surveys, and all information will be used for research purposes only. We only will use your address and telephone number, if you wish to provide it, to send thank-you cards and additional correspondence.

COMPENSATION

After completing the survey, your child will be entered into a raffle to win a prize. Students who withdraw from the study prior to its completion will not be eligible for the drawing.

EMERGENCY MEDICAL TREATMENT

Youth will be completing surveys at a desk or work station, so emergency medical treatment is not likely to be needed. Data collectors will contact professional assistance (911) if an emergency should occur.

CONTACT

If you have questions at any time about the study or the procedures, you may contact Dr. Ben Silliman at 512 Brickhaven Road, NCSU or (919) 515-8485. If you or your child feels he/she have not been treated according to the descriptions in this form, or his/her rights as a participant in research have been violated during the course of this project, you may contact Dr. David Kaber, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7906, NCSU Campus (919/515-3086) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus (919/513-2148). To reach the national study team at Tufts university, contact Maria McNamara at (617) 627-4624 or Marie Pelletier at (617) 627-6729.

PARTICIPATION. You (your child's) participation in this study is voluntary; you or your child may decline to participate without loss of benefits to which he/she is otherwise entitled. If you (your child) withdraw from the study before data collection is completed, your (your child's) data will be destroyed. You and your child may be contacted annually and asked to continue your participation.

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CONSENT PROCEDURE

If you agree to participate, please do the following:

- 1) Read this Consent Form (**Pages 1 & 2**) and indicate whether or not you agree to your participation and your child's participation on the Signature Form (**Page 3**).
- 2) Detach the Signature Form (**Page 3**) and have your child return it to his or her school, after school program, or youth organization. Keep the Consent Form (**Pages 1 & 2**) for your records.
- 3) Complete the online Parent Survey (it only takes about 20 minutes) using the Parent Online login information provided. You can also call us to request a paper copy (please see following page for contact information).

PARENT CONSENT STATEMENT

I understand that participation in this study is voluntary. I understand that my child and I may refuse to participate in this study. I also understand that if, for any reason, I/my child wishes to discontinue participation in this study at any time, I/my child will be free to do so, without any negative consequences. I have been fully informed of the above-described study with its risks and benefits, and I hereby consent that I and my child participate(s) in this research. I have received a signed copy of this consent form. I consent to participate in the described research. I, also, give permission for my child's current and subsequent participation in the study and for the information already collected about my child in the past to be used by the research team.

CHILD INFORMATION (Please read this to your child)

Your parent has said that it is O.K. for you to participate in our study as long as it is O.K. with you. We are interested in finding out about the kind of things that are important to children. There will be questions about you, the kinds of things you do, your school, your health, your family, and your friends. Different kids have different experiences and opinions and we would like to hear about yours.

Please answer all of the questions honestly. If for any reason you do not wish to answer a question, you may skip it and go on to the next one. If you decide that you don't want to participate, you may tell us that you want to stop without any negative consequences from the researchers or from your school, after school program, or youth organization.

Your name will not be on any of the answer sheets, so no one will know how you answered the questions.

You will be given the survey in your school, after school program, or youth organization. It will take you about an hour and a half to complete the survey. You can take a break when you need one. You may also take some more time if you feel that you need it.

Researcher's Statement:

I have fully disclosed to Parent/Legal Guardian/Participant the nature and purpose of the research.



Signature of Principal Investigator, National Study

September 30, 2007

DATE



Signature of Principal Investigator, North Carolina Study

January 14, 2008

DATE

APPROVED

MAR 27 2008

Tufts SBER IRB

EXPIRES

JUL 11 2008

Tufts SBER IRB

SIGNATURE FORM

Study of Positive Youth Development, Sponsored by 4-H

PARENT'S CONSENT:

I have read and understood the above information. I consent to participate in the described research and I give my consent for my child to participate.

Parent/Guardian's Signature

Date

Please PRINT Your Name

Parent/Guardian's Signature

Date

Please PRINT Your Name

Your Child's Signature

Date

Please PRINT Child's Name

☐ **Parent(s):** Please **ONLY** check this box if you **DO NOT CONSENT** to your child's participation in this study.

**PLEASE HAVE YOUR CHILD RETURN THIS PAGE TO HIS/HER
TEACHER OR PROGRAM LEADER!**

(KEEP FIRST PAGE FOR YOUR RECORDS)

APPROVED

MAR 27 2008

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